

# What is Childhood Obesity?

**What is Obesity?** Having an excess amount of body fat. To be placed in the obese category, a child's body mass index (BMI) is above the 95 percentile.<sup>1</sup>



## Causes of Obesity



## Risks of Childhood Obesity

1. **Depression-** children who are obese tend to struggle socially and have body image issues which could lead to depression<sup>3</sup>
2. **Food Obsessions-** a child who is obese is more susceptible to eating disorders such as binge-eating and bulimia.<sup>3</sup>
3. **Additional Health Issues-** obesity can lead to other health issues including type 2 diabetes, high blood pressure and heart disease

## What can be done as a parent?

- Make small changes and make them permanent<sup>1</sup>
- Set examples for your children
- Be patient
- Plan family exercise activities like bicycling and hiking
- Limit screen time to 2 hours or less a day
- Let your child eat school lunches for a healthier option<sup>3</sup>

Home-based treatment is ideal for children who are obese.<sup>4</sup> It is important to see nutritional advice and set positive examples at home. This will lead to a more successful treatment plan.



### Additional Resources

- Nutrition Resource: <https://www.choosemyplate.gov/ten-tips>
- Community Programs: <http://cafarmtofork.com/>, <http://www.syhc.org/services/support-services/>
- State Programs for Food Funding: <https://www.getcalfresh.org>

## Annotated Bibliography

1. Bernstein H. Fighting childhood obesity. In: Harvard Health Publications, ed. Harvard medical school commentaries on health. Boston, MA, USA: Harvard Health Publications; 2014. [https://une.idm.oclc.org/login?url=https://search-credoreference-com.une.idm.oclc.org/content/entry/hhphoh/fighting\\_childhood\\_obesity/0](https://une.idm.oclc.org/login?url=https://search-credoreference-com.une.idm.oclc.org/content/entry/hhphoh/fighting_childhood_obesity/0).

One child in every three is overweight in the United States. This means that the child has too much body fat for their body shape. By using the body mass index (BMI), which is calculated using a person's weight and height, a person can be placed in a category of underweight, normal, overweight, or obese. A child in the 95 percentile for BMI for their age is deemed obese. Obesity is caused by genetics, dietary habits, and personal behavior. There are several complications that can occur with obesity including diabetes, high blood pressure, high cholesterol, and heart disease. While obesity and the health issues that arise with obesity are concerning, there are several steps that can be taken to help a child lose weight and treat obesity. First, encourage the child to participate in 60 minutes of activity a day and limit screen time to an average of 2 hours a day. Plan healthy family meals to eat together and avoid television while eating. Making gradual changes to create a healthier lifestyle will help encourage the child to make healthier choices.

2. Özdemir, Aysel, RN, PhD. Adolescent obesity. *International Journal of Caring Sciences*. 2015;8(2):484-487. <https://une.idm.oclc.org/login?url=https://search-proquest-com.une.idm.oclc.org/docview/1685874182?accountid=12756>.

Adolescent obesity has been on the rise in recent years and early nutrition is directly associated with future obesity. There are many factors that lead to childhood obesity including having an obese mother, family income, and screen time. A study showed that adolescents in high-socioeconomic groups are less likely to be obese than those in low socioeconomic groups. With adolescent obesity come an increased risk for many health issues that may appear later in life. Hypertension, type 2 diabetes, along with mental health issues such as depression were all observed in various studies of children who were obese. Children with obesity tend to have a difficult time socially interacting with other children which could lead to depression and body issues. The main form of treatment for adolescent obesity is prevention. Interventions should focus on behavioral changes while goals should be set to reduce screen time, increase physical activity, and improve eating habits. There are other drug interventions that can be used if diet and exercise do not improve the symptoms.

3. Brownell KD, Schwartz MB, Puhl RM, Henderson KE, Harris JL. The need for bold action to prevent adolescent obesity. *Journal of Adolescent Health*. 2009;45(3, Supplement):S17.

<http://www.sciencedirect.com.une.idm.oclc.org/science/article/pii/S1054139X09001074>.  
doi: [//doi-org.une.idm.oclc.org/10.1016/j.jadohealth.2009.03.004](https://doi-org.une.idm.oclc.org/10.1016/j.jadohealth.2009.03.004).

There have been many steps taken to help deal with child and adolescent obesity, unfortunately environmental conditions are a major link to obesity. At the moment, more energy dense foods are available at a lower cost than healthy foods. Portion sizes and pricing lead to overconsumption and physical activity is on the decline each day. There has been controversy in the food industry and obesity. Two theories have emerged: 1) obesity has multiple causes and cannot be linked to any food category and 2) obesity is a personal responsibility linked to lack of physical activity instead of food. Most people believe obesity is an eating disorder that food is addictive. The issue of framing the obesity epidemic to try and improve it is where policy makers have struggled. Treatment for adolescent obesity has turned to cognitive behavior therapy to help them self-monitor, identify, and challenge dysfunctional thoughts, and address stressors that lead to overeating. Unfortunately, this combined with low-calorie diets and medications often lead to quick results with weight gain again. A study conducted with family based exercise, nutrition, and behavior modification resulted in improving BMI of children 8-16 years old.

Schools can be instrumental in obesity prevention by providing nutritious meals, including physical activity into the curriculum, and educating children on healthy lifestyles. School based lunch programs have improved nutrition in many students due to policies to create healthier lunches. Unfortunately, food marketing for nutrient-poor foods has been aimed at youth and with massive exposure, children gravitate towards these products. With 62% of food advertisements being for fast food restaurants, adolescents are repeatedly exposed to these unhealthy meal options. Adolescents tend to influence their families' food purchases, as well, which can result in unhealthy options for the whole family.

Unfortunately, in today's society, weight stigma is a major issue for obese adolescents. This can lead to teasing and bullying from peers which can result in psychological distress. Along with potential for depression and poor body image, these adolescents are at risk for social isolation due to weight. There is also risk for eating disorders including anorexia or binge-eating. Weight stigma can cause many additional issues for obese adolescents and interventions are necessary to help protect these children from their peers and themselves.

4. Anderson, Y. C., Wynter, L. E., Grant, C. C., Cave, T. L., Derraik, J. G., Cutfield, W. S. and Hofman, P. L. (2017), A Novel Home- Based Intervention for Child and Adolescent Obesity: The Results of the Whānau Pakari Randomized Controlled Trial. *Obesity*, 25: 1965-1973. doi:10.1002/oby.21967

A randomized controlled trial was conducted in 2012 on children ages 5-16. This study was designed to assess multidisciplinary childhood obesity

intervention programs by targeting high-risk groups. The participants were randomly assigned to an intense intervention group of either a home-based assessment or a multidisciplinary program with weekly group sessions. A control group was created with a minimal-intensity home-based assessment group. 203 children were assigned to these groups and after 12 months, their change in BMI was measured. As a result, both intense programs brought a reduction in BMI by nearly double the minimally intense program. The at home program assisted those in deprived households primarily which could be an effective treatment for low-socioeconomic households.